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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 107089061		FILING DATE		
CLAIMS							APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					IND.
1							51				
2							52				
3							53				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	19		18				TOTAL DEP.				
TOTAL CLAIMS	20		19				TOTAL CLAIMS				

PTO-1380 (3-70)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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